

#330274



WEMMH SB/01 (12-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted With Initial Filing (Unsigned) OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)		Attorney Docket Number		3433-615	
		First Named Inventor		F. Joseph OBERMILLER	
		COMPLETE IF KNOWN			
		Application Number		10/523,892	
		Filing Date		February 4, 2005	
		Art Unit			
		Examiner Name			

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TISSUE GRAFT PROSTHESIS DEVICES, CONTAINING JUVENILE OR SMALL
DIAMETER SUBMUCOSA**

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/04/2003 as United States Application Number or PCT International

Application Number PCT/US03/27695 and was amended on (MM/DD/YYYY) 02/04/2005 (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US03/27695 10/523,892	PCT	09/04/2003		<input type="checkbox"/>	<input checked="" type="checkbox"/>
	PCT/US	02/04/05		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/408,914	09/06/2002	

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (If applicable)
PCT/US03/27695	09/04/2003	

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

<input checked="" type="checkbox"/> Customer Number	30565	Place Customer Number Bar Code Label Here
OR		
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.		

Name	Registration Number	Name	Registration Number

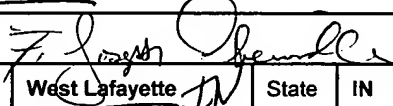
☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer Number Bar Code Label 30565 OR ☐ Correspondence address below

Name					
Address					
Address					
City	State		ZIP		
Country	Telephone		Fax		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor.

Given Name (first and middle (if any))		Family Name or Surname					
180 F. Joseph		OBERMILLER					
Inventor's Signature				Date	6/10/05		
Residence	City	State	IN	Country	US	Citizenship	US
Post Office Address	1906 Blueberry Lane						
Post Office Address							
City	West Lafayette	State	IN	ZIP	47906	Country	US

☐ Additional inventors are being named on the ___1___ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
200 Michael C.					HILES				
Inventor's Signature	Michael C. Hiles					Date	06 May 05		
Residence	City	Lafayette	State	IN	Country	US	Citizenship	US	
Post Office Address		4326 South 900 E.							
Post Office Address									
City	Lafayette	State	IN	ZIP	47905	Country	US		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
300 Jason P.					HODDE				
Inventor's Signature	Jason P. Hodde					Date	6 MAY 2005		
Residence	City	West Lafayette	State	IN	Country	47906	Citizenship	US	
Post Office Address		912 Lindberg IN							
Post Office Address									
City	West Lafayette	State	IN	ZIP	47906	Country	US		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
City		State		ZIP		Country			